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**\*BIBDATASHEET\*****CONFIRMATION NO. 5436**

Bib Data Sheet

|                             |                                       |              |                        |                                    |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/073,133 | FILING DATE<br>02/13/2002<br><br>RULE | CLASS<br>606 | GROUP ART UNIT<br>3732 | ATTORNEY<br>DOCKET NO.<br>8932-292 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/270,620 02/23/2001 **MBP**

\*\* FOREIGN APPLICATIONS \*\*\*\*\* **NONE MBP**

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/12/2002

|  |                           |                         |                       |                            |
|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>DE | SHEETS<br>DRAWING<br>19 | TOTAL<br>CLAIMS<br>25 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <b>MBP</b> |                           |                         |                       |                            |
| Verified and Acknowledged  | Examiner's Signature      | Initials                |                       |                            |

ADDRESS

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TITLE

Sternum fixation device

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1738 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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